

Patient Information

Name	Sex	Birthdate
Mancini, Mario (4989940)	Male	2/23/1972 (45 year old)

Service Location

Name	Address
EH-ST MARY'S MEDICAL CENTER	407 EAST THIRD STREET Duluth MN 55805-1950

Mancini, Mario

Discharge Summary Notes

11007-041

Discharge Summaries by Broadway, Steven J, MD at 11/30/2017 10:37 AM

Author: Broadway, Steven J, MD	Service: Neurosurgery	Author Type: Physician
Filed: 11/30/2017 11:31 AM	Date of Service: 11/30/2017 10:37 AM	Status: Signed
Editor: Broadway, Steven J, MD (Physician)		

FCI SST

11/30/2017 NSR DISCHARGE SUMMARY Melissa A. Rose, APRN, CNP

Patient Name: Mario Mancini
Date of Birth: 2/23/1972 **Age:** 45 year old
Medical Record Number: 4989940
Primary Physician: Thomas G. Mayer, MD
Admission Date: 11/27/2017
Discharge Date: 11/30/2017
Primary admitting diagnosis: cervical 5-6, 6-7 herniated nucleus pulposus
Discharge Diagnoses: Active Hospital Problems
 Cervical radiculopathy

Procedures: Procedure(s):

C5-6 ACDF using locally harvested autograft, grafton allograft and a 6mm peek cornerstone implant C6-7 ACDF using locally harvested autograft, grafton allograft and a 7mm peek cornerstone implant Plating using a 37.5mm atlantis translational plate

Consults: Speech

Hospital Summary: Mario Mancini is a 45 year old male who was admitted for the above procedure for cervical radiculopathy. Underwent surgery without any complications. Postoperatively radicular symptoms improved. Has residual numbness of the right second digit and weakness of the right triceps. Discharge delayed due to dysphagia and pain control. Given 24 hrs IV decadron and had speech swallow evaluation. Recommendations for soft diet and small bites, no further speech therapy needs. On day of discharge swallow improved and pain well controlled with tylenol #3. Will discharge back to facility with guards in stable condition.

Labs:

No results found for this or any previous visit (from the past 24 hour(s)).

Discharge Instructions:

Neurosurgery Discharge Instructions

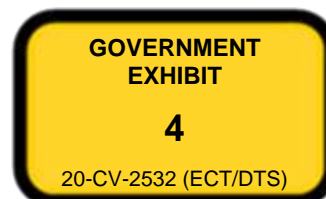
Your surgery: C5-6/6-7 anterior cervical discectomy and fusion



JS PK 11-30-17

Mancini, Mario (MR # 4989940) DOB: 02/23/1972 Printed by Broadway, Steven J, MD [23769] at 11/30/17 11:31 AM

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Discharge Summary Notes (continued)

Discharge Summaries by Broadway, Steven J, MD at 11/30/2017 10:37 AM (continued)

Date of surgery: 11/27/17

Bracing: none

No lifting >5lbs for next 4-6 weeks until your follow up appointment.

Avoid rough/jarring activities.

It is recommended that you walk/change position frequently (every 30-60 minutes). Aim to walk 3 short walks daily and advance distance as tolerated.

You may shower; do not soak incision in tub/standing water.

Please wash your incision daily with soap and water. If you are to touch your incision please wash hands with soap and water prior. DO NOT pick your incision/scab/sutures.

Monitor for signs of infection including: redness, swelling, drainage and/or fever. Call for any signs of infection.

Call office with any symptoms of headache, nausea, or vomiting.

Call office with any new or worsening symptoms of weakness/pain.

No NSAIDS for the next three months this includes Naproxen, Ibuprofen, Celebrex.

We recommend that you do not drive while taking narcotic pain medications.

Neurosurgery Office 218-786-3600

Okay to work in office setting starting 12/7; recommend only 4 hour shifts and alternating between sitting/standing/walking every 30-60 minutes.

Start physical therapy in 2 weeks. No lifting over 5 lbs and limit any overhead activity.

If you take aspirin you may resume 5 days post surgery date.

Pain management following surgery:

You will be sent home with a prescription of pain medications. This prescription must last a minimum of 7 days. If you find you will utilize all of these pills and will need a refill, please contact your pharmacy for a refill. If a refill is needed, you will be granted one refill that again should last at minimum 7 days. Any further refills you will need an appointment to review your medications and pain management plan.

In an effort to decreased narcotic use and the risk of addiction, we highly recommend utilizing tylenol for pain. Tylenol (acetaminophen) may be taken in conjunction with your pain medication. It is recommended you do not exceed 4,000 mg of Tylenol (acetaminophen) in a 24 hour period.

You have been prescribed tylenol #3 for pain. Please use sparingly and decrease use as tolerated.

A primary component of pain following surgery is muscular in nature. It is quite common to experience muscle spasms and tension in your muscles. Therefore, pain may be better controlled with a muscle relaxant

You have been prescribed robaxin for muscle spasms, this is a muscle relaxer and may cause drowsiness.

Pain medications can cause constipation. We recommend taking an over the counter stool softener such as Senna or Senna-Ducosate. If this ineffective you may try prune juice or Milk of Magnesia (over the counter).

Discharge Summary Notes (continued)

Discharge Summaries by Broadway, Steven J, MD at 11/30/2017 10:37 AM (continued)

Follow up appointments:

One month NSR with xray prior

He will be discharged from Essentia Health St. Mary's Medical Center to prison facility

Discharge Medications:

Current Discharge Medication List

New Prescriptions

	Details
acetaminophen-codeine 300-30 MG oral tablet Commonly known as: TYLENOL #3	Dose: 1-2 Tab 1-2 Tabs, Oral, EVERY 4 HOURS AS NEEDED, Limit acetaminophen to 4000 mg per day from all sources.

methocarbamol 750 MG tablet Commonly known as: ROBAXIN	Dose: 750 mg 750 mg, Oral, EVERY 6 HOURS AS NEEDED
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Continued

	Details
acetaminophen 325 MG tablet Commonly known as: TYLENOL	Dose: 650 mg 650 mg, Oral, EVERY 6 HOURS AS NEEDED, Limit acetaminophen to 4000 mg per day from all sources.

amitriptyline 75 MG tablet Commonly known as: ELAVIL	Dose: 75 mg 75 mg, Oral, AT BEDTIME
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You might also be taking other medications not listed above. If you have questions about any of your other medications, talk to the person who prescribed them or your Primary Care Provider.

Stopped

ibuprofen 800 MG tablet
Commonly known as: **MOTRIN**

Discharge Summary Notes (continued)

Discharge Summaries by Broadway, Steven J, MD at 11/30/2017 10:37 AM (continued)

All of the discharge instructions were discussed with the patient who verbalizes understanding and all of the questions were addressed at this time. The office information was given to the patient and was advised to contact the office with any further questions/concerns.

Revision History

Date/Time	User	Provider Type	Action
> 11/30/2017 11:31 AM	Broadway, Steven J, MD	Physician	Sign
11/30/2017 10:39 AM	Rose, Melissa A, APRN, CNP	Nurse Practitioner	Sign